

Employer Report of Industrial Injury or Occupational Disease

Employer: We use your information for important decisions on this claim. Provide this information online at: www.EmployerROA.Lni.wa.gov, or fax the completed form to (360)902-6690, or mail to: Department of Labor & Industries, PO Box 44291, Olympia, WA 98504-4291

1. Name and title of person completing form MARK NELSON, ACTING FIRE CHIEF		2. Employee WARREN JOHN PETERSON		3. Claim number [REDACTED]	
4. Name of business THURSTON COUNTY FIRE DISTRICT 6		5. Employee's Social Security number [REDACTED]		6. Employee's job title FIRE CHIEF	
7. Business mailing address P.O. BOX 578 EAST OLYMPIA WA 98540		8. Date of injury or last occupational exposure 5 / 26 / 2019		9. Date reported 5 / 26 / 2019	
				10. Time reported 5:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
12. Business location (if different from mailing address) 8047 NORMANDY STREET SE OLYMPIA WA 98501		11. Describe in detail how the incident occurred CHIEF PETERSON DROVE HIS PERSONAL VEHICLE (MOTORCYCLE) TO THE WASHINGTON FIRE CHIEFS CONFERENCE IN KENNEWICK. HE DROVE A NEW FIRE ENGINE, THAT THE DISTRICT PURCHASED AND WAS ON DISPLAY AT THE CONFERENCE, BACK TO EAST OLYMPIA. HE THEN RETURNED TO KENNEWICK TO OBTAIN HIS PERSONAL VEHICLE. WHILE RETURNING HE WAS INVOLVED IN A COLLISION ON HWY 12 AT SOLKUM.			
13. Business phone 360.491.5533		14. Was this injury caused by a faulty machine or product or someone who is not your employee? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Possibly			
15. UBI: 601140695		16. Body part(s) injured or exposed - include side of body RIGHT LEG, RIGHT ARM, RIGHT HAND			
17. L&I account ID: 412,264-00					
18. Employee's risk classification code: 6904.01		19. Do you question the validity of this claim? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
20. Employee is: <input type="checkbox"/> owner <input type="checkbox"/> partner <input type="checkbox"/> volunteer <input type="checkbox"/> corporate shareholder/director/officer <input type="checkbox"/> optional L&I coverage elected <input checked="" type="checkbox"/> none of the above		21. Employer comments or concerns about this claim. NONE			
22. Does business have a maritime function? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		23. Were you contributing to this employee's and/or family's health care benefits (medical, dental and/or vision insurance) on date of injury? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24. Rate of pay: \$ 9474.17 <input type="checkbox"/> hour <input type="checkbox"/> day <input type="checkbox"/> week <input checked="" type="checkbox"/> month <input type="checkbox"/> other: Hours per day 8 Days per week 5		25. How much did you pay for medical, dental and vision coverage? \$ 1253.00 Per: <input type="checkbox"/> hour <input type="checkbox"/> day <input type="checkbox"/> week <input checked="" type="checkbox"/> month <input type="checkbox"/> other:			
		26. Date medical, dental, and vision coverage ends UPON TERMINATION			
27. Average daily earnings from <input type="checkbox"/> piecework <input type="checkbox"/> tips or <input type="checkbox"/> commissions \$ N/A		28. Is temporary light duty work available during recovery? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
29. All bonuses paid 12 months prior to injury \$ N/A					
30. Employee missed time from work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Last date worked 5 / 26 / 2019 Date returned to work UNKNOWN		31. Who can we contact about light-duty return to work? Name: MARK NELSON, ACTING FIRE CHIEF Phone: (360) 491.5533			
32. Do you pay wages/salary if employee is off work? <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No Type of pay: <input type="checkbox"/> regular wages/salary <input type="checkbox"/> paid time off <input checked="" type="checkbox"/> vacation <input type="checkbox"/> sick <input checked="" type="checkbox"/> contractual <input checked="" type="checkbox"/> other: EXEC TIME <small>*Kept on salary (wage replacement benefits) excludes vacation pay, sick leave, holiday pay, paid time off, or similar types of compensation.</small>		33. List any witnesses LAWNIE PETERSON; WSP POLICE REPORT			
		34. Did the employee die? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		35. I declare these statements to be true to the best of my knowledge and belief. X <u>Mark Nelson</u> Date 6/13/19			

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